MARSH
An MMC Company

Affinity Group Services
a service of Seabury & Smith
1776 West Lakes Parkway
West Des Moines, IA 50398
Customer Service 800 503 9227
Customer Service Fax 515 365-3005
Claim Service 800 503 9228
Claim service Fax 847 375 9223

IMPORTANT NOTICE

*** PLEASE READ THIS LETTER ***

Per your request, we are enclosing the Certificate of Insurance you have asked us to provide.

Please retain ONE COPY for your files and forward ONE COPY to the party who has requested this document.

For your convenience, we are enclosing a Request Form which should be used for future Certificates. To assure a prompt and timely response to your request, we would appreciate receipt of the completed form at least 30 days prior to your event.

Should you have any questions, please contact us at 800-503-9227.

We appreciate this opportunity to serve you.

Sincerely,

Marsh Affinity Group Services
Property & Casualty Department

Enclosure

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 5/23/2005

PRODUCER 24297 PIONEER VILLAGE

MARSH AFFINITY GROUP SERVICES
A SERVICE OF SEABURY & SMITH
PO BOX 14575
DES MOINES, IA 50306 800-503-9227

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
ARRL
MILWAUKEE RADIO AMATEURS CLUB
C/O TOM SCHULTE
8802 CASTLE COURT
FRANKLIN, WI 53132

COMPANIES AFFORDING COVERAGE

COMPANY A: NEW HAMPSHIRE INSURANCE COMPANIES

COMPANY B:

COMPANY C:

COMPANY D:

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED B Y THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [ ] OWNER'S & CONTRACTOR'S PROT	RGL-0033406	12/05/04	12/05/05	GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PERSONAL & ADV INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person)	$ 2,000,000 $ 1,000,000 $ 1,000,000 $ 1,000,000 $ 100,000 $ 10,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS	RGL-0033406	12/05/04	12/05/05	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	$ 1,000,000 $ $ $
	GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	$ $ $
	EXCESS LIABILITY [ ] UMBRELLA FORM [ ] OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE 	$ $ $
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: [ ] INCL [ ] EXCL				[ ] WC STATU-TORY LIMITS [ ] OTH-ER EL EACH ACCIDENT EL DISEASE - POLICY LIMIT EL DISEASE - EA EMPLOYEE	 $ $ $
A	OTHER ADDITIONAL INSURED-MANAGERS OR LESSORS OF PREMISES	RGL-0033406	12/05/04	12/05/05	FORM CG20110196	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

EFFECTIVE JUNE 25 & 26, 2005 INCLUDE AS ADDITIONAL INSURED: CERTIFICATE HOLDER (PROPERTY OWNER) BUT ONLY WITH RESPECTS TO THE NAMED INSURED'S NEGLIGENCE WITH REGARD TO THE ARRL FIELD DAY TO BE HELD AT THE PIONEER VILLAGE, THE OZAUKEE COUNTY HISTORICAL SOCIETY. TO BE HELD ON JUNE 25 & 26, 2005.

CERTIFICATE HOLDER

CS

PIONEER VILLAGE
THE OZAUKEE COUNTY HISTORICAL SOCIETY
PO BOX 206
CEDARBURG, WI 53024

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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